

BOARD OF REGISTRATION OF MASSAGE THERAPY

Instructions for Initial Massage Therapist License Application

1. Please read and review the Board's regulations governing Individual Licensure at CMR 3.00 and/or visit the Board's website at <http://www.mass.gov/ocabr/licensee/dpl-boards/mt/regulations/269-cmr/269-cmr-200-definitions.html>. Please keep this instruction page for reference.
2. If you are ineligible for a Social Security Number, contact the Board for instructions.
3. Regarding Question #4, the address that you choose as your mailing address is **public record** and will be released to anyone upon request. If you select the business address option, please include the business name.
4. You must be 18 years old **and** a high school graduate, or its equivalent.
5. If you answered "yes" to Question #8, an official verification of standing is required for every professional license listed, including from every **out-of-state** licensure jurisdiction. An official verification of standing is required for **all** licensure status including **lapsed, expired, etc.** Please contact the appropriate licensing authority/jurisdiction and have the document mailed to you for inclusion with your application. Please maintain the official statement(s) **in the unopened, jurisdiction-sealed envelope(s) to accompany your application**. The document may also be mailed directly to the Board at 1000 Washington St. Suite 710 Boston, MA 02118. **(Please note, verification(s) of standing is not required if professional license is held within the Division of Professional Licensure)**
6. Regarding **Question #13**, you must list all offenses including OUI, DUI, and Operating after/with suspended license or registration. Dispositions of "continued without finding" ("CWOFF") or "admission to sufficiency of facts" must be reported. Do not include minor traffic offenses.
7. Notarized Forms (application, application checklist, CORI Acknowledgement Form, Reference Forms)
8. You must obtain an **Official Transcript** from your Massage Therapy program and include the **still-sealed envelope** with your application. You must also include a completed **Transcript Analysis Form** and include all supporting documents with your application (detailed course descriptions and full breakdown of the **clock hours** for each course, if noted as credit hours on official transcripts.) **Please note: If your program is noted in Credit Hours, **a complete breakdown of the program Clock Hours is required directly from your school on letterhead.***
9. **Applicant reference forms must accompany your application (see pages 12-13).** The professional reference form must be signed by an employer in the massage therapy or medical field, massage therapy educator, massage therapist, or health care provider with whom you have had a professional relationship and should address your competence and integrity. The personal reference form, must be signed by any unrelated person who can comment favorably upon your professional integrity. **Both forms must be notarized by a public notary.**
10. **You must provide a copy of the insurance policy declarations page that indicates the amount and effective date of coverage.** The policy must be in your own name and provide for a minimum of at least \$1,000,000 per occurrence and at least \$1,000,000 aggregate. The Board cannot make recommendations about insurers; however, professional associations are usually a good source of information. See the Board's web site for links.
11. If you have taken and passed either the **Massage or Bodywork Licensing Exam (MBLEx)** administered by the Federation of State Massage Therapy Board (FSMTB) or the **National Certification Examination** for Therapeutic Massage and Bodywork (NCBTMB) administered by the National Certification Board of Therapeutic Massage and Bodywork (NCBTMB) **on or after 2010**, submit proof of passage.
12. Include a check or money order for **\$225.00** in U.S. funds made payable to the **Commonwealth of Massachusetts**. The fee is **not** refundable. Please note that your application will not be processed without the correct fee. The initial fee includes both application processing and your first license.
13. **Mail the complete application package to: Board of Registration of Massage Therapy, 1000 Washington Street, Suite 710: Individual Licensure, Boston, MA, 02118-6100.**
14. **Please allow 4-6 weeks for processing. You will be contacted via e-mail if further information is required. If you do not have an e-mail address, you will be contacted by postal mail; but this may take longer.**
15. If you have any additional questions, please contact the Board via e-mail: MassageTherapy@mass.gov or by phone (617) 727-1747.

INITIAL MASSAGE THERAPIST LICENSE APPLICATION

1. Applicant Name: _____
Last First Middle

Maiden Name/Other Name: _____

2. Permanent Address: _____
No. Street Apt. #

City/Town State Zip Code

3. Business Address (If Applicable): _____
No. Street Apt. #

City/Town State Zip Code

4. Which address should appear on your license? Permanent ☐ Business ☐

5. E-mail: _____

Please note: EMAIL will be the primary means of contact for routine correspondences during the application process.

6. Telephone Number-(Day): _____ (Evening): _____

7. Educational Background:

High School Name: _____ Location: _____ Year: _____

Massage Therapy School: _____ Location: _____ Year: _____

Have you taken and passed the **Massage and Bodywork Licensing Exam** (MBLEEx) administered by the Federation of State Massage Therapy Board (FSMTB) or the **National Certification Examination** for Therapeutic Massage and Bodywork (NCBTMB) administered by the National Certification Board of Therapeutic Massage and Bodywork (NCBTMB) **on or after 2010**? (If yes please submit proof of passing) Yes: ☐ No: ☐

8. List all professional licenses/certifications you have held in the United States, or any country or foreign jurisdiction, and the state/jurisdiction from which the license/certification was originally issued. Enclose all certificate of standing from each profession in which you have been licensed/certified, indicating the status of your license and any disciplinary information. _____

9. Has any disciplinary action been taken against you by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐
If yes, please state the details (use a separate sheet if necessary): _____

10. Are you the subject of pending disciplinary actions by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐

If yes, please state the details (use a separate sheet if necessary): _____

11. Have you ever voluntarily surrendered or resigned a professional license to a licensing/certification board in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐

If yes, please state the details (use a separate sheet if necessary): _____

12. Have you ever applied for and been denied a professional license in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐ If yes, please state the details (use a separate sheet if necessary): _____

13. Have you ever been convicted of, or admitted to, a felony or misdemeanor in the United States or any country or foreign jurisdiction, other than a traffic violation for which a fine of less than \$200.00 was assessed? Yes: ☐ No: ☐ If yes, please state the details (use a separate sheet if necessary): _____

14. Have you made any plea or finding which the court treated as a plea or finding of criminal guilt? Yes: ☐ No: ☐ If yes, please state the details (use a separate sheet if necessary): _____

NOTE: The Board has received certification by the Criminal History Systems Board (ID# MAREG G) to access data about convictions and pending criminal cases. Your signature on this application allows the Board to conduct criminal background checks for conviction, non-conviction, and pending criminal case information only, on an ongoing basis, and that it will not necessarily disqualify you from licensure (or later license renewal). Other Federal and professional records may also be checked. The Board will not deny you a license (license renewal) based on criminal information prior to giving you an opportunity for a limited appearance before the Board.

I certify, under the pains and penalties of perjury, that the information I have provided pursuant to this application for licensure is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the Massachusetts Board of Registration of Massage Therapy to deny me the right to sit as a candidate or to suspend or revoke a license issued to me in accordance with Massachusetts Law. I further attest that, pursuant to G.L. c.62C, §49A, to the best of my knowledge and belief, I have filed all Massachusetts tax returns and paid all Massachusetts taxes required by law.

**Place a 2" by 2"
original photo of yourself
in this box.**

Signature of applicant

Date

On this ____ day of _____, 20__, before me, the undersigned notary public, personally appeared _____ (name of document signer), proved to me through satisfactory evidence of government issued identification, which was/were _____, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

SEAL

Signature of Notary

My commission expires _____

**YOU MUST SIGN (AND NOTARIZE) THIS
APPLICATION CHECKLIST
AND INCLUDE IT WITH YOUR APPLICATION**

I certify, under the pains and penalties of perjury, the truth of the following statements:

- I have read the "Instructions for Initial Massage Therapist License Application".
- I have enclosed a completed (signed & notarized) "Initial Massage Therapist License Application" form.
- I have signed and enclosed two Reference Forms (one from an employer in the massage therapy or medical field, massage therapy educator, massage therapist, or health care provider with whom you have had a professional relationship and the other from any unrelated person who can comment favorably upon your professional integrity).
- If applicable, I have enclosed sealed, official, certificates of standing from each professional license and/or jurisdiction (outside of MA) in which I have held a professional license or certification. (*Not required if professional license is held with the Division of Professional Licensure*)
- I have enclosed my \$1,000,000 individual, massage therapy liability insurance policy declaration, **valid for post-graduate, professional, unsupervised practice.**
- Signed and dated **CORI Authorization Form.**
- I have enclosed a \$225.00 Check/Money Order payable to: **Commonwealth of MA.**
- I have enclosed an official, sealed transcript.
- I have enclosed a **completed transcript analysis form and supporting documents.**

MANDATORY

My Social Security Number is:

□ □ □ - □ □ - □ □ □ □

Pursuant to G.L. c. 62C, § 47A, the Division of Professional Licensure is required to obtain your social security number/tax identification number and forward it to the Department of Revenue. The Department of Revenue will use these numbers to ascertain whether you are in compliance with the tax laws of the Commonwealth.

Signature of applicant

Date

On this ____ day of _____, 20__, before me, the undersigned notary public, personally appeared _____ (name of document signer), proved to me through satisfactory evidence of government issued identification, which was/were _____, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

SEAL

Signature of Notary

My commission expires _____

Mail your application materials to: Board of Massage Therapy, 1000 Washington Street, Suite 710: Individual Licensure, Boston, MA, 02118-6100.

650 Hours Transcript Analysis Form

Applicant Name: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

DIRECTIONS FOR APPLICANT:

The Board of Registration of Massage Therapy ("Board") approved a course of study of 650 hours for individual licensure effective May 1, 2010, which is posted on the Board's website and detailed below. Please complete this form and provide the following documentation for the Board to review for approval of your application:

- 1) **All Course syllabi and/or School Catalogue, which should include a course description for each course taken and outlines of class dates and subject matter covered.**

Educational Requirements

The minimum educational qualifications for licensure as a massage therapist include:

- (1) A high school diploma or GED;
- (2) Graduation from a state licensed massage school; and
- (3) Completion of a course of study of at least 650 hours which shall comply with the requirements specified in the following table:

Curriculum

Subject	Hours
Section A: Anatomy & Physiology	100 Hours
Section B: Pathology	45 Hours
Section C: Kinesiology	45 Hours
Section D: Massage Theory and Technique	300 Hours
Section E: Ethics and Professionalism	60 Hours
Section F: Unpaid and supervised clinical or internship experience	100 Hours

SECTION A: 100 Hours: Anatomy & Physiology

Please list all courses specific to Section A: Anatomy & Physiology to be considered towards the Massachusetts Massage Therapy Educational Requirements for Licensure. Only list the number of hours in each course that were devoted to Section A subject matter.

Course Name (from transcript)	Hours Completed	Date Started	Date Completed
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1. _____

2. _____

3. _____

4. _____

TOTAL HOURS:

650 Hours Transcript Analysis Form

SECTION B: 45 Hours: Pathology

Please list all courses specific to Section B: Pathology to be considered towards the Massachusetts Massage Therapy Educational Requirements for Licensure. Only list the number of hours in each course that were devoted to Section B subject matter.

Course Name (from transcript)	Hours Completed	Date Started	Date Completed
1. _____			
2. _____			
3. _____			
4. _____			

TOTAL HOURS:

SECTION C: 45 Hours: Kinesiology

Please list all courses specific to Section C: Kinesiology to be considered towards the Massachusetts Massage Therapy Educational Requirements for Licensure. Only list the number of hours in each course that were devoted to Section C subject matter.

Course Name (from transcript)	Hours Completed	Date Started	Date Completed
1. _____			
2. _____			
3. _____			
4. _____			

TOTAL HOURS:

SECTION D: 300 Hours Massage Theory and Technique

Please list all courses specific to Section D: Massage Theory and Technique to be considered towards the Massachusetts Massage Therapy Educational Requirements for Licensure. Only list the number of hours in each course that were devoted to Section D subject matter.

Course Name (from transcript)	Hours Completed	Date Started	Date Completed
1. _____			
2. _____			
3. _____			
4. _____			

TOTAL HOURS:

650 Hours Transcript Analysis Form

SECTION E: 60 Hours Ethics and Professionalism

Please list all courses specific to Section E: Ethics and Professionalism to be considered towards the Massachusetts Massage Therapy Educational Requirements for Licensure. Only list the number of hours in each course that were devoted to Section E subject matter.

Course Name (from transcript)	Hours Completed	Date Started	Date Completed
1. _____			
2. _____			
3. _____			
4. _____			

TOTAL HOURS:

SECTION F: 100 Hours Unpaid and supervised clinical or internship experience;

Please list all courses specific to Section F: Unpaid and Supervised Clinical or Internship Experience to be considered towards the Massachusetts Massage Therapy Educational Requirements for Licensure. Only list the number of hours in each course that were devoted to Section F subject matter.

Course Name (from transcript)	Hours Completed	Date Started	Date Completed
1. _____			
2. _____			
3. _____			
4. _____			

TOTAL HOURS:

Certification of Applicant:

I, _____, certify under the pain and penalty of perjury that I have personally completed the courses shown above and that the information provided is true and accurate.

Signature

Date

Curriculum Guidelines for Applications Received After May 1, 2010

- **100 hours in the Anatomy and Physiology of the Body;**
- **45 hours in Pathology;**
- **45 hours in Kinesiology;**
- **300 hours in supervised in classroom Massage Theory and Technique;**

Please note that, pursuant to the advisory ruling adopted by the Board on August 20, 2010, the Board will not accept training in modalities that do not fit the regulatory definition of massage in 269 CMR 2.0. Training in Reiki, Reflexology, Acupressure, Polarity Therapy, Asian Bodywork, Cranial Sacral, etc. may not be applied to this requirement.

Please see the Statutes and Regulations section of the web site for more information.

- **60 hours in Ethics, Professionalism and Business Practices.**
- **100 hours of unpaid and supervised clinical internship or externship experience;**

The hours are further defined so that the curriculum of an approved massage school shall include:

100 hours of Anatomy and Physiology including the structure and function of the following body systems:

- **Integumentary System,**
- **Musculoskeletal System**
- **Cardiovascular System**
- **Blood Lymphatic and Immune systems**
- **Nervous system**
- **Endocrine system**
- **Respiratory system**
- **Digestive system**
- **Urinary system**
- **Reproductive system**

45 Hours of Pathology:

The study of common pathologies encountered in the practice of massage and how they impact the application of massage, specific indications, contraindications and precautions to the application of massage in the presence of these pathologies.

45 Hours of Kinesiology:

Location, identification and palpation of the bellies and attachments of the major muscles of external movement of the body.

300 Hours of Massage Theory and Technique:

To include the following learning objectives in the areas of:

Effects of touch and massage techniques:

- Identify and describe the physiological effects of touch and specific massage.
- Identify and describe potential emotional effects of touch and specific massage techniques.
- Define and describe the interpersonal and physical components of a therapeutic environment
- Develop competency in musculoskeletal palpation and pain assessment skills relating to the appropriate application of massage techniques.
- Develop a safe and effective treatment plan, based on client goals, assessment findings, and understanding of effects of massage.
- Write clear, concise and accurate notes of client treatment sessions.
- Demonstrate commonly recognized techniques that are within the scope of practice and training for massage therapy disciplines. Demonstrate techniques that are appropriate for each body area, including endangerment sites.
- Demonstrate the use of draping during treatment as a professional boundary
- Identify and practice appropriate methods of sanitation and personal hygiene in the performance of massage sessions.

Self-care:

- Identify and describe the effect of physical fitness and life style habits on the performance of massage techniques.
- Identify and demonstrate biomechanical skills necessary for the safe and effective performance of massage techniques.

National Examination:

100 Hours of education may be credited towards the 300 hour requirement in Massage Theory and Technique if:

The applicant submits proof of passing the **Massage and Bodywork Licensing Exam (MBLEx)** administered by the Federation of State Massage Therapy Board (FSMTB) or the **National Certification Examination** for Therapeutic Massage and Bodywork (NCBTMB) administered by the National Certification Board of Therapeutic Massage and Bodywork (NCBTMB) **on or after 2010.**

Please note: The national exam is currently not a requirement for licensure in MA, however, may allow applicants who fall deficient of the required 300 hours of Massage Theory and Technique and may use the exam towards hours of deficiency in that section, so long as proof of passing the exam is submitted.

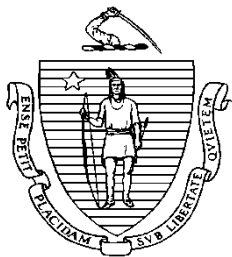
60 Hours of Ethics and Professionalism:

Professionalism and Communication:

- Define and demonstrate active listening, rapport, empathy and feedback.
- Identify strategies to effectively deal with emotional and behavioral client responses to massage therapy treatment.
- Describe the principles of conflict resolution and apply conflict resolution skills effectively in the client-therapist relationship.
- Define and discuss the differences between a personal and a professional relationship
- Discuss the importance of professional boundaries Describe techniques for establishing and maintaining safe and respectful boundaries with clients.
- Identify and describe the purpose of a code of ethics. Identify and describe the purpose of Standards of Practice specific to massage therapy.
- Identify confidentiality principles related to massage therapy
- Identify common ethical situations in massage therapy and strategies to effectively resolve ethical issues.
- Identify and design effective methods for time management, client scheduling, and maintenance of the work environment.
- Outline an employment strategy, including short and long-term professional goals
- Create, maintain and identify legal requirements for retaining client, financial and tax records.
- Demonstrate knowledge of federal, state and local regulations as they pertain to massage therapy practice.
- Identify the elements of effective job search and marketing materials (such as resumes, brochures, business cards).
- Identify and discuss common methods of marketing for massage therapy.
- Identify strategies to develop and maintain a client base.
- Discuss the value of ongoing education and skill development as a professional
- Describe methods for identifying advanced training programs to enhance performance, knowledge and skills.
- Identify the role of professional associations for massage therapists.

100 hours of unpaid and supervised clinical or internship experience:

A minimum of **60 hours** of which must be dedicated to the actual hands on practice of massage therapy, supervised by a licensed massage or qualified health care professional. The other clinic or internship hours may be dedicated to assessment and treatment planning, treatment note preparation, clinic management and or externship practice supervised by a school approved on-site supervisor and evaluated by a school faculty member. The 100 hours may be dedicated entirely to hands on practice.



The Commonwealth of Massachusetts
Division of Professional Licensure
Board of Registration of Massage Therapy
1000 Washington Street, Suite 710
Boston, MA 02118-6100

APPLICANT REFERENCE FORMS

Instructions

Pursuant to 269 CMR 3.01(2)(c), all applicants for licensure are required to submit two (2) references for review by the Board:

1. **Professional Reference:** One (1) reference from an **employer in the massage therapy or medical field, a massage therapy educator, a Massage Therapist, or health care provider** with whom the applicant has had a professional relationship, who should address the applicant's competency and integrity. 269 CMR 3.01(2)(c)(1).
2. **Personal Reference:** One (1) reference from an **individual unrelated to the applicant** who can attest to the applicant's business or professional integrity. 269 CMR 3.01(2)(c)(2).

This form must be used by applicants to satisfy the **Professional Reference** requirement. No other forms or letters will be accepted. Applicants must fill out the first portion of the form, and then provided by the applicant to the individual serving as a reference, to be completed by that individual.

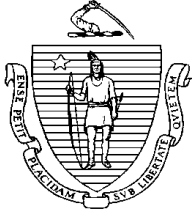
Please note that all forms must be completed, signed, and notarized. Incomplete forms will not be accepted and may result in a delay of the processing of an application, or the denial of an application. Please do not sign the form until you are in the presence of a Massachusetts Notary Public.

TO BE COMPLETED BY APPLICANT

I, _____, hereby authorize _____,
(applicant) (name of reference)

to provide the Board of Registration of Massage Therapy, with all information of any kind which he/she may deem relevant to my qualifications as an applicant, consistent with the requirements of 269 CMR 3.01(2)(c). I hereby release and discharge the endorser from all claims arising out of the provision of such information.

Date: _____ Applicant's Signature: _____



The Commonwealth of Massachusetts
Division of Professional Licensure
Board of Registration of Massage Therapy
1000 Washington Street, Suite 710
Boston, MA 02118-6100

PROFESSIONAL REFERENCE FORM

TO BE COMPLETED BY PROFESSIONAL REFERENCE

The remainder of this form is to be completed only by the individual designated by the applicant to serve as a reference, pursuant to 269 CMR 3.01(2)(c)(1). Failure to do so will render this document invalid. Do not complete this form unless the applicant waiver is signed and dated. Please note that this portion of the form must be signed by a Notary Public.

1. Name: _____

2. Address: _____

3. Phone Number: _____ E-mail Address _____

4. Relationship to the Applicant: I am completing this form in the following capacity (check only one category):

- ☐ Employer in the Massage Therapy or Medical Field ☐ Massage Therapy Educator
☐ Health Care Provider ☐ Licensed Massage Therapist _____
License Number(s) _____

5. How long have you known the applicant? From: _____ to _____
(month/year) (month/year)

6. Please indicate the setting(s) in which you have known the applicant, a description of applicant's duties (if applicable) or the nature of your relationship with the applicant, and the extent of your contact with the applicant. Use a separate sheet of paper, if necessary.

7. Please comment on the applicant's competency and integrity, as it relates to his or her potential ability to practice the massage therapy profession in the Commonwealth of Massachusetts or. *Note: If you are completing this form in your capacity as an individual unrelated to the applicant, please comment on the applicant's business or professional integrity instead.)* Use a separate sheet of paper, if necessary.

PLEASE NOTE: This form must be notarized by a Notary Public. DO NOT sign and date this page unless and until you are in the presence of the Notary Public. The Notary Public may use the Certificate Jurat template found on this page, or provide their own Certificate Jurat form.

I, the undersigned, being duly sworn, do state under the pains and penalties of perjury, that the answers provided on this Reference Form, are true and correct. I agree to provide any additional information requested by the Board.

Reference Signature: _____ Date: _____

CERTIFICATE JURAT

Commonwealth of Massachusetts

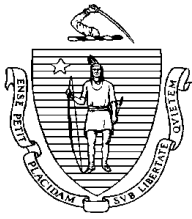
County of _____

On this ____ day of _____, 20__, before me, the undersigned notary public, _____, personally appeared, proved to me through satisfactory evidence of identification, which were _____, to be the person who signed the preceding or attached document in my presence and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of his/her knowledge and belief.

Printed Name of Notary Public: _____

Signature of Notary Public: _____

My Commission Expires: _____



The Commonwealth of Massachusetts
Division of Professional Licensure
Board of Registration of Massage Therapy
1000 Washington Street, Suite 710
Boston, MA 02118-6100

PERSONAL REFERENCE FORM

TO BE COMPLETED BY PERSONAL REFERENCE

The remainder of this form is to be completed only by the individual designated by the applicant to serve as a reference, pursuant to 269 CMR 3.01(2)(c)(2). Failure to do so will render this document invalid. Do not complete this form unless the applicant waiver is signed and dated. Please note that this portion of the form must be signed by a Notary Public.

1. Name: _____

2. Address: _____

3. Phone Number: _____ E-mail Address: _____

4. Please explain the nature of your relationship to the Applicant. Use a separate sheet of paper, if necessary.

5. How long have you known the applicant? From: _____ to _____
(month/year) (month/year)

6. Please indicate the setting(s) in which you have known the applicant, a description of applicant's duties (if applicable), and the extent of your contact with the applicant. Use a separate sheet of paper, if necessary.

7. Please comment on the applicant's business or professional integrity as it relates to his or her potential ability to practice the massage therapy profession in the Commonwealth of Massachusetts. Use a separate sheet of paper, if necessary.

PLEASE NOTE: *This form must be notarized by a Notary Public. DO NOT sign and date this page unless and until you are in the presence of the Notary Public. The Notary Public may use the Certificate Jurat found on the next page, or provide their own Certificate Jurat.*

I, the undersigned, being duly sworn, do state under the pains and penalties of perjury, that the answers provided on this Reference Form, are true and correct. I agree to provide any additional information requested by the Board.

Reference Signature: _____ Date: _____

CERTIFICATE JURAT

Commonwealth of Massachusetts

County of _____

On this ____ day of _____, 20__, before me, the undersigned notary public, _____, personally appeared, proved to me through satisfactory evidence of identification, which were _____, to be the person who signed the preceding or attached document in my presence and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of his/her knowledge and belief.

Printed Name of Notary Public: _____

Signature of Notary Public: _____

My Commission Expires: _____

**COMMONWEALTH OF MASSACHUSETTS
BOARD OF REGISTRATION IN MASSAGE THERAPY
1000 Washington Street, Suite 710
Boston, MA 02118-6100
www.mass.gov/dpl/boards/mt**

**CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM**

The Division of Professional Licensure by itself and on behalf of boards of registration pursuant to M.G.L. c. 13, §9 [hereinafter, "Division of Professional Licensure"] is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective license applicants and current licensees.

As a license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the Department of Criminal Justice Information Services ("DCJIS"). I hereby acknowledge and provide permission to the Division of Professional Licensure to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the Division of Professional Licensure written notice of my intent to withdraw consent to a CORI check.

FOR LICENSING PURPOSES ONLY:

The Division of Professional Licensure may conduct subsequent CORI checks within one year of the date this Form was signed by me. If subsequent CORI checks are necessary, the Division of Professional Licensure will provide me with written notice of the subsequent CORI checks.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature

Date

Please provide the name of the board of registration and license type for which you are applying or currently hold:

Board of Registration

License Type

NOTE: DPL CANNOT ACCEPT THIS TWO-PAGE CORI ACKNOWLEDGMENT FORM UNLESS IT IS EITHER (1) SIGNED IN PERSON AT THE BOARD'S OFFICES IN THE PRESENCE OF A DPL EMPLOYEE WHO HAS VERIFIED THE APPLICANT'S IDENTITY THROUGH ACCEPTABLE IDENTIFICATION, **OR** (2) SIGNED IN THE PRESENCE OF A NOTARY PUBLIC WHO HAS LIKEWISE VERIFIED IDENTITY AND THEN MAILED OR OTHERWISE DELIVERED TO THE BOARD'S OFFICES AT THE ADDRESS SET FORTH ABOVE.

SUBJECT INFORMATION: (A red asterisk (*) denotes a required field)

*Last Name *First Name Middle Name Suffix

*Maiden Name (or other name(s) by which you have been known)

*Date of Birth Place of Birth

* Social Security Number: _____ - _____ - _____

Sex: _____ Height: ____ ft. ____ in. Eye Color: _____

Driver's License or ID Number: _____ State of Issue: _____

* Current and Former Addresses:

* Street Number & Name City/Town State Zip

* Street Number & Name City/Town State Zip

IDENTITY VERIFICATION SECTION: If this form is submitted by hand at DPL Offices, Section A must be completed. Otherwise, Section B must be completed.

SECTION A: VERIFICATION BY DPL EMPLOYEE: I hereby certify that I verified the identity of the above-referenced subject by reviewing the following form(s) of government-issued identification:¹

☐ Passport ☐ State-issued driver's license ☐ Military identification ☐ State-issued identification card

VERIFIED BY:

Name of Verifying DPL Employee (Please Print)

Signature of Verifying DPL Employee

Date

SECTION B: VERIFICATION BY NOTARY:

On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____ (name of document signer), and proved to me through satisfactory evidence of identification, which was the following:¹

☐ Passport ☐ State-issued driver's license ☐ Military identification ☐ State-issued identification card

to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

Notary Public:

Notary Commission Expires On

¹ If a subject does not have an acceptable government-issued identification, his or her identity shall be verified by other forms of documentation as determined by DCJIS. 803 CMR 2.09(2).